# FORM D UNIT SECURITIES AND Washin NOTICE OF S PURSUANT

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

PNOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
WIFORM LIMITED OFFERING EXEMPTION

L HARDIST ARREST ARREST RADI			
			-0076
			, 2002
050	48283	ir 1881	16.00
Prefix	020 002 21	Serial	
	DATE RECEIV	/ED	

Name of Offering ( check if this is an ar	nendment and name has changed, and indicate change.)	
Sodate Group LLC - Units of Mem	per Interest	
Filing Under (Check box(es) that apply:	☐ Rule 504 ☐ Rule 505	□ Rule 506 □ Section 4(6) □ ULOE
Type of Filing: New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	ne issuer	
Name of Issuer ( check if this is an ame	ndment and name has changed, and indicate change.)	
Sodate Group LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o 7871 Lithopolis Road N.W.	<u>Carroll, OH 43112</u>	614-834-0345
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		PROPERCE
Provide services to healthcare resear	ch and development industry.	400
Type of Business Organization		<b>5</b>
☐ corporation	☐ limited partnership, already formed	other (please specify) THOMSON
		limited liability company NANCIAL
☐ business trust	☐ limited partnership, to be formed	
	26.41	
	Month Year 0 7 0 4	
A stand on Positional A Data of Incompanies	<u> </u>	M Annual D Parimonal
Actual or Estimated Date of Incorporation	or Organization:	Actual Estimated
Jurisdiction of Incorporation or Organ	ization: (Enter two-letter U.S. Postal Service abbreviation	n for State
various of moorporation of Organ	CN for Canada; FN for other foreign jurisdiction	
	Civilor Canada, 114 for other foreign jurisdiction	'/

### GENERAL INSTRUCTIONS

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# ATTENTION\_

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control Number

	<u> </u>	A. BASIC	CIDENTIFICATION DA	TA .	
2. Enter the information rec	uested for the foll	lowing:			
<ul> <li>Each promoter of the</li> </ul>	ne issuer, if the iss	suer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial own securities of the issu</li> </ul>		wer to vote or dispose, or	direct the vote or disposition	on of, 10% or more	of a class of equity
Each executive offi	cer and director o	f corporate issuers and of	corporate general and man	aging partners of pa	artnership issuers; and
Each general and m	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Schlegel, Robert					
Business or Residence Address	(Number and Str	reet, City, State, Zip Code	e)		
7871 Lithopolis Rd	., NW, Carroll, O	H 43112			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Reed, Joseph					
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code	e)		
4 Sessions Drive, C	Columbus, OH 43	209			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Sti	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
	01 1 10	. 6: 6: 7: 6.1			
Business or Residence Address	s (Number and St	reet, City, State, Zip Code	<del>?</del> )		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Sti	reet, City, State, Zip Code	e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code	2)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code	2)		
	(Use	blank sheet, or copy and	d use additional copies of	this sheet, as neces	sary.)

4.5		4				B. INFO	DRMATIC	N ABOUT	OFFERI	VG.		<u> </u>		F 3 1 1	
														Yes	No
1.	Has the i	ssuer sold,	or does the	issuer inte	nd to sell, to	o non-accre	dited inves	tors in this	offering?	••••••				[ ]	[ X ]
					Ansv	wer also in .	Appendix,	Column 2, i	f filing und	er ULOE.					
2.	What is t	he minimu	m investme	ent that will	be accepte	d from any	individual.			•••••			••••••	\$ <u>no mini</u>	<u>mum</u>
														Yes	No
3.		٠.	•	•										[X]	[]
4.	sion or to be li list the	similar re isted is an name of	emuneration associate the broke	n for solid ed person	citation of or agent er. If mor	purchasers of a broke te than fiv	s in conn ker or dea ve (5) per	ection with	h sales of red with	securities	in the o and/or wit	rectly, any offering. If h a state s of such	a person or states,		
Full	Name (La	st name fir	st, if indivi	dual)											
	N/2														
Bus	iness or Re	esidence Ad	ldress (Nur	nber and St	reet, City, S	State, Zip C	ode)								
Nan	ne of Asso	ciated Brok	er or Deale												
Stat				olicited or idividual St										All States	
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Full	Name (La	st name fir	st, if indivi	dual)						<u>-</u>		· · · · · · · · · · · · · · · · · · ·			
Bus	iness or Re	esidence Ad	ldress (Nur	nber and St	reet, City, S	State, Zip C	code)								
Nan	ne of Asso	ciated Brok	er or Deale	er			5.1								
Stat	es in Whice (Check "	h Person L All States"	isted Has S or check in	olicited or idividual St	Intends to States)	Solicit Purcl	hasers							All States	
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Full	Name (La	ist name fir	st, if indivi	dual)											
Bus	iness or Re	esidence Ac	ldress (Nur	nber and St	reet, City, S	State, Zip C	Code)	- 151							
Nar	ne of Asso	ciated Brok	er or Deale	er						-	71111			- 1± 10°	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	<ul> <li>Aggrega</li> <li>Offering P</li> </ul>		Amount Already Sold
	Debt	•		\$
	Equity	\$S		\$
	☐ Common ☐ Preferred	<b>J</b>		
	Convertible Securities (including warrants)	¢		s
	Partnership Interests	э		\$
	Other (Specify) Limited liability company interests*	5		\$ -0-
	Total	\$100,000		\$
ssu	addition to the offering of 1,000,000 Units of Member interest ("Units") for cash at \$.10 per Unit, the ter is offering up to approximately 1,800,000 Units for exchange to holders of member interests of amed LLC, an affiliated Ohio limited liability company.  Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their	-		
	purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Inv	estors	Aggregate Dollar Amount of Purchases
	*Accredited Investors	0-		\$
	Non-accredited Investors	-0-		\$ <u>-0-</u>
	Total (for filings under Rule 504 only)			\$
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi-	<del>4m-</del>		\$
,.	ties sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
	Type of offering	Type of Sec	urity	Dollar Amount Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504	<del></del>		\$
	Total			\$
<b>l</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		$\boxtimes$	\$_10,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		$\boxtimes$	\$_10,000

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C	h Enter the difference between the aggregate off	UMBER OF INVESTORS, EXPENSES AN	J. 001.	74% LEAT CELEBO	
		ering price given in response to Part C –			
<b>s</b> 1	Question 1 and total expenses furnished in respon	se to Part C - Question 4.a. This difference is the	e "adjust	ed gross proceeds to	the issuer."
ς 1					\$ <u>90,000</u>
1	Indicate below the amount of the adjusted grused for each of the purposes shown. If the estimate and check the box to the left of the ethe adjusted gross proceeds to the issuer set forth	amount for any purpose is not known, fur stimate. The total of the payments listed must	nish an		
				Payments to	
				Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$	□ \$
	Purchase of real estate			\$	□ \$
	Purchase, rental or leasing and installation of	of machinery and equipment		\$	□ \$
	Construction or leasing of plant buildings a			\$	<b>\$</b>
	Acquisition of other businesses (including to offering that may be used in exchange for t	he assets or securities of another I	_		
	ssuer pursuant to a merger)			\$	□ \$
				\$	□ \$
	• .			\$	□ \$
	Other (specify)			\$	<b>□</b> \$ <u>90,000</u>
				\$	□ s
	Column Totals			\$	<b>\$</b>
	Total Payments Listed (column totals added	l)		<b>⊠</b> \$_90.	,000
ollow juest ssuer	issuer has duly caused this notice to be sign ving signature constitutes an undertaking by of its staff, the information furnished by the issue (Print or Type) date Group LLC	the issuer to furnish to the U.S. Securities	es and a agraph (	Exchange Commiss b)(2) of Rule 502.	ion, upon written
	.,	Title of Signer (Print or Type)			
	of Signer (Print or Type	Chairman			
	rt P. Schlegel				